|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Modified Early Obstetric Warning System (MEOWS) | | | | | | | |
|  | | | | | | | |
|  | 3 | 2 | 1 | 0 | 1 | 2 | 3 |
| Resp Rate  Per Minute | <8 |  | 9-11 | 12-20 | 21-24 | >25 |  |
| Heart Rate  Per Minute | <40 | 41-59 |  | 60-100 | 101-110 | 111-129 | >130 |
| Systolic Blood Pressure | <60 | 61-79 | 80-100 | 101-140 | 141-160 |  | >161 |
| Diastolic Blood Pressure | <40 | 41-50 |  | 51-90 | 91-100 | >101 |  |
| Temperature |  | <35.0 C  <95.0 F | 35.1-36 C  95.1-96.8 F | 36.1-38 C 96.9-100.4 F | 38.1-38.5 C  100.5-101.3 F | >38.6 C  >101.4 F |  |
| SaO2 | <89 | 90-93 | 94-100 |  |  |  |  |
| LOC | Somnolent-Responds to pain | Drifts off during conversation-Responds to verbal command | Drowsy | Alert | Agitation or Confusion | New onset of agitation or confusion |  |

Score 0-1 Score 2-3 Score 4-5 Score 6 or >

Required Interventions

|  |  |
| --- | --- |
| Green (0-1) | Continue to monitor and document findings. Inform charge nurse and/or house supervisor. |
| Yellow (2-3) | Review patient status with charge nurse, OB Director and/or house supervisor. Notify provider with concerns and increase monitoring to every 2 hours. |
| Orange (4-5) | Immediately review patient status with charge nurse, OB Director and/or house supervisor and notify provider. Increase monitoring to every 5-15 minutes until score is less than 3 or less. |
| Red 6 or > | Call provider for urgent bedside evaluation and Rapid Response team IMMEDIATLEY and prepare for imminent delivery or maternal rescue |
|  |  |